

➔ This is the Simplified Averaging Permit Application.
It is for schedules that fall within pre-approved standards for safety and health

➔ You must meet all these criteria to use this form.

If these criteria do not meet your business needs you must use the full Averaging/Break/Rest Permit Application available at: www.gov.mb.ca/labour/standards/forms

- 75% of the affected employees agree with the proposed terms and conditions
- There is a set schedule
- The employees regularly work more than 35 hours per week
- None of the employees are under the age of 16 years
- Employees will not work more than 12 hours per day without overtime pay
- Employees will not work more than 60 hours per week without overtime pay
- The schedule will average back to 40 hours per week over the course of the averaging cycle
- Employees get no less than an average of 2 days rest per week, per averaging cycle
- Employees get a 30 minute break after 5 hours of work; or for shifts of more than 10 hours per day, break times totalling 1 hour per day
- Employees will be paid overtime for any hours (over 8 hours per day) worked beyond their scheduled (permit) shift
- The company does not have a history of violations of labour legislation

➔ Checklist for a simple, speedy process:

- All sections on the application form are completed and easy to read
- A work schedule for at least one full averaging cycle is attached to the application form
- A survey form for each of the affected employees is completed and attached to the application form and any unavailable to complete a survey are accounted for (on leave, etc.)

APPLICATION FORM
SIMPLIFIED AVERAGING PERMIT PROCESS

This personal information is being collected under the authority of The Employment Standards Code. It is protected by the protection of privacy provisions of The Freedom of Information and Protection of Privacy Act. If you have any questions about this collection of information, please contact Employment Standards 604- 401 York Avenue, Winnipeg MB R3C 0P8 (204) 945-3352 or 1 (800) 821-4307

To Process the Application all sections must be COMPLETE and EASY TO READ

Business Name:	
Contact Person:	
Contact Information:	
	Street Number and Name Box/Suite
	City Province/State Postal Code/Zip
	Phone Fax Email Address (optional)
The Permit Affects:	Worksite Location (if different than above)
	Type of Business
	Who is Affected? (all employees, specific section, department, etc)
	# of Employees Affected
	Job Titles of Affected Employees
	Employees are Represented by a Union (√): <input type="checkbox"/> Yes <input type="checkbox"/> No
This is a (√):	<input type="checkbox"/> New Permit <input type="checkbox"/> Renewal to Permit# _____ (insert permit number) <input type="checkbox"/> Amendment to Permit# _____ (insert permit number)

